

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. 27850  
Registrar's No. 842

Registration District No. 1001

Primary Registration District No. 1001

## 1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour  
(Specify whether  
In this community 12 years.  
years, months or days)

3. (a) PRINT FULL NAME Fred Bailey

3. (b) If veteran, name war None  
3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ethel Bailey  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased Jan. 15, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
53 7 6 hr. min.

9. Birthplace Troy Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Master Plummer11. Industry or business Dr. Chas. Geiger Estate.12. Name Lloyd H. Bailey13. Birthplace Unknown Indianan\*  
(City, town, or county) (State or foreign country)14. Maiden name Comfort Lanzer Terry15. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ethel Bailey(b) Address 415 N. 7th St. St. Joseph, Mo.17. (a) Burial (b) Date thereof Aug. 25, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Mora Cemetery18. (a) Signature of funeral director Herman W. [illegible](b) Address 1802 Union St. St. Joseph, Mo.19. (a) Aug 25, 1941 (b) [illegible]  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 415 N. 7th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st  
year 1941 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him immediately after death  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1/2 dayDue to Coronary occlusionDue to QHA

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature S. P. [illegible] (M. D. or other) [illegible]Address St. Joseph, Mo. Date signed 8-22-41

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3268

P. O. Address. St. Joseph, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.